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**NOTICE OF FILING/CLAIM FEE(S) DUE**  
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS  
FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09-042460

**Total Fee Calculation**

Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
				Sm. Entity	Lg. Entity	
Basic Filing Fee	<u>201/101</u>				<u>790.-</u>	<u>790.-</u>
Total Claims >20	<u>203/103</u>	<u>19</u>	-20 =			
Independent Claims >3	<u>202/102</u>	<u>5</u>	-3 =	<u>2</u>	<u>82.-</u>	<u>1164.-</u>
Mult. Dep Claim Present	<u>204/104</u>					
Surcharge	<u>205/105</u>				<u>130.-</u>	<u>130.-</u>
English Translation	<u>139</u>					
<b><u>TOTAL FEE CALCULATION</u></b>						<u>1084.-</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 1084.-

Less Filing Fees Submitted - \$       

BALANCE DUE = \$ 1084.-

Goig  
Office of Initial Patent Examination

Office  
Copy

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	19 minus 20 = *	
INDEPENDENT CLAIMS	5 minus 3 = *	2
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	395.00
x\$11=	
x41=	
+135=	
TOTAL	

RATE	FEE
	790.00
x\$22=	
x82=	164.5
+270=	
TOTAL	954.5

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.